

YOUR CalWORKs 60-MONTH TIME LIMIT

COUNTY	
CASE NAME	
CASE NO.	OTHER ID NO.
WORKER NAME	

Questions? Ask your worker.

THIS FORM GIVES YOU INFORMATION ABOUT YOUR CalWORKs 60-MONTH TIME CLOCK.

On _____, you _____ requested information about your time on aid for the CalWORKs 60-month time clock.
(DATE) (RECIPIENT'S NAME)

On the date of the last notice, _____, the County determined that you used a total of _____ months of your lifetime 60-month time limit of CalWORKs cash aid.

Since the last notice, you received CalWORKs from _____ to _____.

The following months did not count toward your CalWORKs 60-month time limit:

Year _____ - Months _____, _____, _____, _____, _____, _____, _____, _____,

Year _____ - Months _____, _____, _____, _____, _____, _____, _____, _____.

You may be eligible to receive aid for _____ more months.

You will receive a Notice of Action (NOA) telling you the number of months of aid you used and the specific months that did not count toward your CalWORKs 60-month time limit. The county will give you this NOA at:

- application for aid.
- redetermination of aid.
- 54 months on aid.
- 58 months on aid.